

Hope for Appalachia Missionary Application

Spring 2021 Trip \$130 fee

PayPal is the preferred method of payment for this trip. You can use any major credit card or debit card through the web site link if you do not have a PayPal account. If you must pay by check make payable to Hope for Appalachia and include with your application mailing.

Applications can be filled out, signed, scanned and emailed to hopeforappalachia.virginia@gmail.com or mailed to: Terry Graham, 28045 Sunnyside Road, Unionville, VA 22567

Which week do you prefer if available: March 22 – 27 or March 29 – April 3
Team / Team Leader request: _____ leave blank if you don't know

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Please only submit email address if checked daily!

Date of Birth: _____ Female Male Marital Status: Married Single

Each missionary receives one T-shirt with registration:

Adult Sizes: Small Medium Large XL 2XL 3XL 4XL 5XL

Youth Sizes: Small Medium Large XL

~~~~~  
Parent / Guardian Information for applicants under 18 years of age

P/G Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

*Please only submit email address if checked daily!*

~~~~~  
Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Do you have any allergies? Yes No if yes, please explain)

Refunds cannot be guaranteed.

Do you have any medical or emotional conditions that might hinder you as a team member?

Yes No (if yes, please explain)

Are you a member of a church: Yes No If yes, what church are you a member?

Church Name: _____

How many years? _____ Pastoral Reference: _____

Church Address: _____

List any previous short-term mission journey or volunteer experiences:

Please give an account of your conversion experience. Use a separate sheet of paper if necessary.

Have you been trained in personal evangelism? Yes No

Education and Professional Experiences:

I agree to fulfill my financial obligation by paying the Mission Fee understanding refunds are not guaranteed.

Please initial here to indicate agreement: _____

I agree to prepare and send support letters (prayer and financial) to friends and family.

Please initial here to indicate agreement: _____

By submitting my application, I verify the information provided in the application is accurate and complete to the best of my knowledge.

Signature: _____ Date: _____

Waiver & Release / Assumption of Liability Form

I, _____ (print your legal name),
am participating in a mission trip sponsored by HOPE FOR
APPALACHIA VA TEAM, INC; I understand this journey will involve the following:

Hope for Appalachia – Personal Evangelism and Delivery of Hope Boxes

Certification of Capability to Participate and Understanding of Risks/Assumption of Risks:

My signature on this form is my certification that I am physically capable of engaging in the activity of event described above. Further, I acknowledge that I have had the risks of my participating in this activity or event sufficiently explained to me, and I understand the risks posed in this activity or event (or I have declined such explanation because I already understand the risks involved in this activity or event). In exchange for the privilege of participating in this church-sponsored activity or event, I hereby assume all risks of injury or damages of whatever type or form associated with my participation in this activity or event.

Dated this _____ day of _____, 2021

Signature

Printed Name

Consent to Treatment

My signature on this form constitutes my consent for the trip sponsors to consent to medical providers diagnosing and providing medical treatment to me at my expense in the event of injury or illness requiring emergency or other medical treatment while involved in this activity or associated with the activity.

I waive any claims or causes of action, including attorney's fees that I might have against Hope for Appalachia Va. Team, Inc. for my participation.

Dated this _____ day of _____, 2021

Signature

Printed Name

Mission Journey Covenant

I am willing to be a part of a team, to place myself under the direction and leadership of the team leader, and to accept his/her guidance during the planning phase and while on this mission journey. I understand that team members must be flexible while serving on the field. Even though the mission team will be prepared for the trip, there are many times when unexpected events will arise.

I commit to see obstacles as opportunities to see God overcome barriers and understand that by remaining flexible, the team will be able to work through these events successfully. I fully understand that I will be representing Jesus Christ, Hope for Appalachia, and my home church. Our object is to serve through our mission partnerships in a Christ-honoring way.

As a team member, I agree to the following Code of Conduct while serving on the field:

- Abstain from alcohol use
- Dress in an appropriate and modest manner
- Respect our partner church(es)/missionary • Be culturally sensitive at all times

In the event that I do NOT follow the Code of Conduct, the following may occur:

- My activity on the field may be reduced
- I may be sent home, and will be responsible for all additional costs incurred
- I may not be able to serve on future mission trip

Dated this _____ day of _____, 2021

Signature

Printed Name

Prayer Partners

Prayer support is a key ingredient for each Mission Journey. We would like for you to enlist 10 Prayer Partners who will commit to pray for you and our team as we prepare and go on our journey. While on mission, please invite them to follow us on our Facebook page for journey updates:

Your Name: _____

1. Name of Prayer Partner: _____

2. Name of Prayer Partner: _____

3. Name of Prayer Partner: _____

4. Name of Prayer Partner: _____

5. Name of Prayer Partner: _____

6. Name of Prayer Partner: _____

7. Name of Prayer Partner: _____

8. Name of Prayer Partner: _____

9. Name of Prayer Partner: _____

10. Name of Prayer Partner: _____